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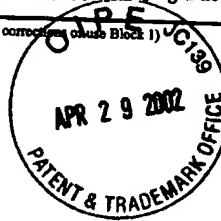
ther with applicable fee(s), to:

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections in Block 1)
7590 03/26/2002

Dr. Mark Friedman, LTD
c/o Bill Polkinghorn-Discovery Dispatch
9003 Florin Way
Upper Marlboro, MD 20772



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/784,109	02/16/2001	Nitzan Arazi	2098/4	2548

TITLE OF INVENTION: WIRELESS PRIVATE BRANCH EXCHANGE (WPBX) AND COMMUNICATING BETWEEN MOBILE UNITS AND BASE STATIONS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
12	nonprovisional	YES	\$640	\$300	\$940	06/26/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEGREE, TRACY MICHELLE	2681	455-555000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MARK M. FRIEDMAN
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

COMMIL LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RAMAT HASHARON, ISRAEL

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies _____

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02 FC:195

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